Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Timothy Foley	M M / D D / Y Y Y Y
Mailing Address 20679 Glenbrook Terrace	08 08 2014 Amount
City State Zip Code Sterling VA 20165	20.00 Transaction ID : da2573a3-a96b-4613-a
	Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	08 08 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 224140.99	ursement For: Primary
Full Name of Payee Gabriella E Hansen	Date of Public Distribution/Dissemination
Mailing Address 310 West Meath Drive	08 08 2014
Mailing Address 310 West Meath Drive	Amount
City State Zip Code	20.00
Winterville NC 28590	Transaction ID : 4d33597a-822b-46c1-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 08 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disbrace 224140.99	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	40.00
(a) SOBTOTAL OF HEIMIZED INDEPENDENCE EXPENDITURES	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	08 11 2014
Signature	

Schedule E)	INI EXPEND	HONES		PAGE 2 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Linda L Norris			M = M	ic Distribution/Dissemination
Mailing Address 816 Center St			Amount	08 2014
City	State	Zip Code		25.00
Conway	AR	72034		ID: 598dde99-e51e-4c76-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	224140.99	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
Full Name of Payee Linda L Norris			Date of Publ	ic Distribution/Dissemination
Mailing Address 816 Center St			08 Amount	08 2014
			Amount	
City Conway	State AR	Zip Code 72034		9.00 D : e903e7a2-033a-4ec7-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disb	oursement or Obligation  08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expendit	tures		. •	34.00
(b) SUBTOTAL of Uniternized Independent Exper	nditures			
				7 7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	42 1 25
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 / 11	2014

Schedule E)	IVI EXI END	TIONES	PAGE 3 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Adrian Dudley			08 / 08 / 2014
Mailing Address 4367 Split Log Rd			Amount
City	State	Zip Code	150.00
Goodman	MO	64843	Transaction ID: aa44e270-8903-47de-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	224140.99	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Adrian Dudley			08
Mailing Address 4367 Split Log Rd			Amount
City	State	Zip Code	18.00
Goodman	МО	64843	Transaction ID : dfd9d5b4-de27-4a1a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	224140.99	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		168.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G coccord
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Morgan P. Padgott	Date of Public Distribution/Dissemination
Morgan R Padgett	08
Mailing Address 2164 Kay Rd	Amount
City State Zip Code	20.00
Greenville NC 27858	Transaction ID: a5466d82-afb9-47d3-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee  Morgan R Padgett	Date of Public Distribution/Dissemination
Maillian Addunas	08 08 2014
Mailing Address 2164 Kay Rd	Amount
City State Zip Code	14.40
Greenville NC 27858	Transaction ID: 6bdcd779-fedc-4fd1-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  O02	08 / D D / Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 224140.99	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	34.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
	11 2014
Signature	

Schedule E)	LIVI EXI LIVE	TI OTILO	PAGE 5 OF 85 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	<b>▼</b>
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	Y
Full Name of Payee Luke T Waltermire			Date of Public Distribution/Dissemination	
Mailing Address 107 S Grist Mill Rd			08 08 2014	
			Amount	_
City	State	Zip Code	28.00	
Hampstead	NC	28443	Transaction ID: 338012e7-c694-47af-9 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014	Υ
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President State: NC	
Calendar Year-To-Date Per Election for Office Sought	, , ,	224140.99	Disbursement For: Primary Gener 2014 Other (specify) ▶	al
Full Name of Payee			Date of Public Distribution/Dissemination	
Luke T Waltermire			08	Y
Mailing Address 107 S Grist Mill Rd			Amount	
City	State	Zip Code	28.50	
Hampstead	NC	28443	Transaction ID : 198d9034-8c69-4c9e-a Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	M 08 / D 08 / Y 2014	Υ
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President State: NC	_
Calendar Year-To-Date Per Election for Office Sought	7 7	224140.99	Disbursement For:  Primary  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  Genera	al
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 56.50	$\neg$
,			7 7	_
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			. •	
	ndidate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political	
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 11 2014	
Signature				

Schedule E)	LIVI LXI LIVL	ATTOTILES	PAGE 6 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Francesca Blom			08 / 08 / 2014
Mailing Address 101 Asbury Ct			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID : b23aaf06-f71e-41ad-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Andrea L Hammond			08 08 2014
Mailing Address 12920 Kneeland Ln			Amount
0.4	Otata	7's Oads	10.00
City Neosho	State MO	Zip Code 64850	40.00  Transaction ID: 5027a376-938d-43be-a  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Dispursement of Obligation
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		55045.22	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	itures		. 110.00
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 11 2014
3.ga.a. 0			

Schedule E)	PAGE 7 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D D / Y = Y = Y
Andrea L Hammond	of Public Distribution/Dissemination
Mailing Address 12920 Kneeland Ln  Amoun	08 08 2014 nt
City State Zip Code	28.20
Neosho MO 64850 <b>Transa</b>	action ID : bcd2a3bd-ecba-47b6-8  of Disbursement or Obligation
Purpose of Expenditure Category/	08
Name of Federal Candidate Support Office Sought	:: House District:00
Mr. Mark L Pryor Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014  Otl	For: Primary
Antoinette Franklin	of Public Distribution/Dissemination
	08 / 08 / 2014
Mailing Address 8822 Apple St Amour	nt
City State Zip Code	55.00
New Orleans LA 70188 Transac Date o	ction ID : 472ccb33-01d0-4632-b of Disbursement or Obligation
Purpose of Expenditure Category/	08 / 08 / 2014
Name of Federal Candidate Support Office Sought	t: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014 Ot	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	83.20
(b) CURTOTAL of Unitemized Independent Evpanditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	11 2014
Signature	

Schedule E)		1101120		PAGE 8 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
			M - M	/ D D / Y Y Y Y
Check if 24-hour report X 48-hour report	X   New rep	port Amends repo	ort filed on	
Full Name of Payee David Ford			M = M	blic Distribution/Dissemination
Mailing Address 106 Hillside St			08 Amount	08 2014
				77.50
City Spindale	State NC	Zip Code 28160		77.50 n ID : 969a2df1-2a44-4c23-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Dis	sbursement or Obligation    D D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For: 2014 Other (	Primary
Full Name of Payee David Ford			M = M	blic Distribution/Dissemination
Mailing Address 106 Hillside St			08 Amount	08 2014
City	State	Zip Code		5.67
Spindale	NC	28160	Transaction Date of Dis	ID: 08273056-f1cb-4622-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	224140.99	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expendit	ures		<b>•</b>	83.17
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •	
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan	[Electro	nically Filed] Date	9 08 11	2014
Signature				

Schedule E)	LIVI EXI EIVE	TI OTILO	PAGE 9 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Joseph R Rys			08 / 08 / 2014
Mailing Address 160 #50 Pompano Dr			Amount
City	State	Zip Code	40.00
New Bern	NC	28560	Transaction ID: 9957b233-ffa7-4286-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	224140.99	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Joseph R Rys			08
Mailing Address 160 #50 Pompano Dr			Amount
City	State	Zip Code	7.05
New Bern	NC	28560	Transaction ID : f01c2281-f298-4471-9  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expen	ditures		47.05
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)		PAGE 10 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		0
Check if 24-hour report X 48-hour report	New report Amends report filed	d on M M / D D / Y Y Y Y Y
Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St		08 08 2014 Amount
		Amount
City Stat		85.00
New Orleans LA	70116	Transaction ID: 60d3159b-5b83-4e0e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08
Name of Federal Candidate	Support Offic	e Sought: House District:00
Ms. Mary L Landrieu	∑ Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	90492.07 Disb 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee	l .	Date of Public Distribution/Dissemination
Tammay Williams		M M / D D / Y Y Y Y
Mailing Address 924 N. Prieur St		08 08 2014
524 N. 1 Hour S.		Amount
City Stat	re Zip Code	13.50
New Orleans LA	70116	Transaction ID : 97796dc9-5d74-414a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought	90492.07 Disb 2014	ursement For: Primary
•		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	98.50
(b) SUBTOTAL of Uniternized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date	08 11 2014
Signature		

Schedule E)	TI EXI END	TI OTILO	PAGE 11 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			08 / 08 / 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	52.50
charlotte	NC	28227	Transaction ID : c8dd3401-7b63-43b0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	90492.07	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Amanda Boley			08 / 08 / 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	24.30
charlotte	NC	28227	Transaction ID : b7e1753c-9ba9-4188-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	90492.07	Disbursement For:  Primary  ☐ General 2014  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	es		76.80
(b) SUBTOTAL of Unitemized Independent Expend	itures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	IVI EXI EIVE	ATOTILO	PA FO	GE 12 OF 85 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	TIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Donald Dessauer			M M / D	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1804 Auburn Ave			Amount	
City	State	Zip Code		20.00
Metaire	LA	70003	Transaction ID: 7 Date of Disbursen	737801ae-c5b9-49f4-9 nent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	08 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District:00
Ms. Mary L Landrieu		X Oppose		enate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	90492.07	Disbursement For:  2014  Other (specify	Primary
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Donald Dessauer			08 /	08 2014
Mailing Address 1804 Auburn Ave			Amount	
City	State	Zip Code		2.10
Metaire	LA	70003	Transaction ID: 40 Date of Disburser	6c5a367-6d1a-4b19-9 nent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	08 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Ms. Mary L Landrieu		X Oppose	President X S	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	90492.07	Disbursement For: 2014 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			22.10
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	M = M / D = D / 11	2014
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Schedule E)	LIVI LXI LIVI	SHORLS	PAGE 13 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination
Mailing Address 112 apache Dr			08 / 08 / 2014
Mailing Address 112 apache Dr			Amount
City	State	Zip Code	20.00
Search	AR	72149	Transaction ID : 404b5051-6ae1-4232-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	55045.22	Disbursement For:  Primary  General 2014  Gher (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Anthony Pearson			08 08 2014
Mailing Address 112 apache Dr			Amount
City	State	Zip Code	3.00
Search	AR	72149	Transaction ID: b2826452-33e2-4e57-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		55045.22	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 23.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)			10.120		PAGE 14 OF 85 FOR SE OF FORM 24/48
NAME OF COMMIT	,				FEC IDENTIFICATION NUMBER ▼
Women Spea	ık Out PAC				C C00530766
					0
Check if 24-hou	ur report X 48-hour r	report New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y
Full Name of Pa	<sub>iyee</sub> idy Menard				of Public Distribution/Dissemination
				M	08 / 08 / 2014
Mailing Address	515 Walter Dr.			Amour	nt
City		State	Zip Code		15.00
Lafayette		LA	70507		action ID : 36d5473d-c5f3-4870-8 of Disbursement or Obligation
Purpose of Expe Salary	enditure		Category/ Type 001		08
Name of Federa	l Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Land	drieu 		X Oppose	Preside	
Calendar Ye Per Election	ear-To-Date n for Office Sought		90492.07	Disbursement 2014 Of	For: Primary
Full Name of Pa					of Public Distribution/Dissemination
Ms. Chassi	dy Menard			М	08
Mailing Address	515 Walter Dr.				
				Amou	nt
City		State	Zip Code		7.50
Lafayette		LA	70507	Transa Date o	ction ID: e0ab42af-f60e-4579-8 of Disbursement or Obligation
Purpose of Expo Mileage	enditure		Category/ Type 002		08 / 08 / 2014
Name of Federa	al Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Land	drieu		X Oppose	Preside	ent Senate State: LA
	ear-To-Date n for Office Sought		90492.07	Disbursemen 2014 O	t For:
(a) SUBTOTAL of	of Itemized Independent E	Expenditures		· •	22.50
(b) SUBTOTAL of	of Unitemized Independer	nt Expenditures		•	
(c) TOTAL Indep	endent Expenditures			•	7 7 7
with, or at the red		ny candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms.	Emily Buchanan	[Electron	ically Filed] Date	9 08	11 2014
Signature					

Sc	hedule E)	.//i =:15.	10.120		- ⊢	PAGE 15 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	/ = M /	D   D / Y   Y   Y   Y
T	Full Name of Payee Zachary Vidrine				of Public	Distribution/Dissemination
-	Mailing Address 202 Rue Des Cajun			Amou	08	08 2014
-	2::	• 1-	The Orde			20.00
	,		Zip Code 70586			30.00 <b>D: c89188e4-cfd0-41b9-9</b> sement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I	Name of Federal Candidate		Support	Office Sough	nt:	House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid		
	Calendar Year-To-Date Per Election for Office Sought		90492.07	Disbursemer 2014	nt For: [ Other (spe	Primary
	Full Name of Payee Zachary Vidrine				of Public	Distribution/Dissemination  08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 202 Rue Des Cajun			Amou	unt	
	City St	tate	Zip Code			26.40
		LA	70586			: 9f37082d-f9a7-4450-a sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	$\exists \mid \Box$	08	08 / 2014
	Name of Federal Candidate		Support	Office Sough	ht:	House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	lent X	
	Calendar Year-To-Date Per Election for Office Sought		90492.07	Disbursemer 2014	nt For: [ Other (spe	Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures			• [		56.40
(	(b) SUBTOTAL of Unitemized Independent Expenditures	÷		<b>.</b>		
(	(c) TOTAL Independent Expenditures			. •		100
W	Under penalty of perjury I certify that the independent e vith, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 08 /	11	2014
	Signature					

Schedule E)		PAGE 16 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report New report	Amends report filed on	
Full Name of Payee Gregory Green		of Public Distribution/Dissemination
Mailing Address 2506 Bolch Street		08 08 2014
2000 Boion Girect	Amour	nt
City State Zip Coo	de	60.00
Shreveport LA 71104		action ID : 2273893e-dd6e-467e-b of Disbursement or Obligation
Purpose of Expenditure Salary  Categ	ory/ ype 001	08 08 / 2014
Name of Federal Candidate	Support Office Sought	t: House District: 00
Ms. Mary L Landrieu	✓ Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought 90492.0	7 Disbursement 2014 Ot	t For: Primary
Full Name of Payee	Date of	of Public Distribution/Dissemination
Gregory Green		M / D D / Y Y Y Y
Mailing Address 2506 Bolch Street		08 08 2014
2300 Boion Greek	Amour	nt
City State Zip Co	de	26.70
Shreveport LA 71104	<b>Transa</b> Date of	ction ID : c59d4022-dae5-452f-8 of Disbursement or Obligation
Purpose of Expenditure Mileage  Categ		08 / 08 / 2014
Name of Federal Candidate	Support Office Sough	t: House District:00
Ms. Mary L Landrieu	▼ Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought 904	Disbursement 2014 Or	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	86.70
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reporter with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically File	ed] Date 08	11 2014
Signature	2010	

Schedule E)	I EXI END	ITOTILO		PAGE 17 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Karl L Starns			M M M	08 2014
Mailing Address 4120 Bon Aire Dr			Amount	
Apt 6307				
City	State LA	Zip Code	Transaction	60.00
Monroe	LA	71212		n ID: 92c9c499-c67d-41ad-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	90492.07	Disbursement For: 2014 Other (	Primary
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Karl L Starns			M = M 08	08 2014
Mailing Address 4120 Bon Aire Dr			Amount	
Apt 6307				
City	State LA	Zip Code 71212	Transaction	84.00 ID: 4654eb1b-0f6e-458b-b
Purpose of Expenditure				bursement or Obligation
Mileage		Category/ Type 002	08	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	90492.07	Disbursement For: 2014 Other (	Primary
(a) SUBTOTAL of Itemized Independent Expenditure				144.00
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITURE				144.00
(b) SUBTOTAL of Unitemized Independent Expendit	tures		· •	7
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / 11	2014
S.g. ididio				

Schedule E)	AI ENDITORIES	PAGE 18 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report file	d on
Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination
Mailing Address 3002 Darden Rd		08 08 2014
Apt A		Amount
City Sta	te Zip Code	100.00
Greensboro No	C 27407	Transaction ID : ff0c9914-8dab-4c94-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District:00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	224140.99 Dist 2014	oursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Nick Berryhill		M M / D D / Y Y Y Y Y
Mailing Address 905 Lake Drive		08
		Amount
City Sta	te Zip Code	33.00
Shelby	C 28152	Transaction ID : fa70e06c-5eed-422c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 08 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	224140.99 Dist 201	oursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	····	133.00
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	08 11 2014
Signature		

S	chedule E)	AF LINDI	TOTILO		PAGE 19 OF 85 FOR SE OF FORM 24/48
N/	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC				C C00530766
Ch	eck if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee Nick Berryhill			Da	ate of Public Distribution/Dissemination
	Mailing Address 905 Lake Drive			An	08 08 2014 mount
	City Sta	ato.	Zip Code	— г	29.10
	Shelby N		28152		ansaction ID : 4a720b4e-b549-41f1-9 ate of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 08 2014
	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Kay Hagan		X Oppose	Pre	esident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	24140.99	Disburser 2014	ment For:
	Full Name of Payee			Da	ate of Public Distribution/Dissemination
	Steven Best				08
	Mailing Address 103 Washington Ave			Ar	mount
	City	ate	Zip Code		40.00
		IC	28570		ansaction ID: 46a429e9-ab95-41d8-9 ate of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 / 08 / 2014
	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Kay Hagan		Oppose	Pre	esident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		224140.99	Disburser 2014	ment For:
	(a) SUBTOTAL of Itemized Independent Expenditures			▶	69.10
	(b) SUBTOTAL of Unitemized Independent Expenditures			··· •	
	(c) TOTAL Independent Expenditures			··· •	
	Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized			
	Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	e 08	11 / 2014

Schedule E)	JENT EXI END	TI OILO	PAGE 20 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Best			08 / 08 / 2014
Mailing Address 103 Washington Ave			Amount
City	State	Zip Code	9.84
Newport	NC	28570	Transaction ID: 4e729ad7-b4ff-4b47-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	224140.99	Disbursement For:  Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Tracy M Hargett			08 08 2014
Mailing Address 5133 Lord Bryon Road			Amount
City	State	Zip Code	60.00
Wilmington	NC	28405	Transaction ID : af993227-7d57-47da-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	nditures		69.84
,			7 7
(b) SUBTOTAL of Uniternized Independent Exp	oenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Sch	nedule E)	EXI ENDI	101120			PAGE 21 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
W	omen Speak Out PAC				Cc	00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends	report filed	on M M /	D = D / Y = Y = Y
	Full Name of Payee				Date of Public	Distribution/Dissemination
	Tracy M Hargett				M M /	08 / 2014
	Mailing Address 5133 Lord Bryon Road				Amount	
	City 5	State	Zip Code			14.70
	Wilmington	NC	28405			: f499e8ac-22ce-4e91-8 sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	M M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
h	Name of Federal Candidate		Suppo	ort Office	e Sought:	House District: 00
	Ms. Kay Hagan		X Oppos		President X	NC NC
	Calendar Year-To-Date Per Election for Office Sought	2	224140.99	Disbu 2014	ursement For:	Primary ⊠ General
	Full Name of Payee			<u>'</u>	Date of Public	Distribution/Dissemination
	Petrina Williams				M M / 08	08 2014
	Mailing Address 3007 Darden Rd				06	08 2014
	oor parasinite				Amount	
	City	State	Zip Code			100.00
	Greensboro	NC	27407		Transaction ID : Date of Disburs	: 49370adc-3b3f-4539-8 sement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	08	08 / 2014
	Name of Federal Candidate		Suppo	ort Offic	e Sought:	House District: 00
	Ms. Kay Hagan		X Oppos	se	President X	·
	Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbi 2014	ursement For:  Other (spe	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures.			······	7	114.70
(k	o) SUBTOTAL of Unitemized Independent Expenditure	es		······ <b>&gt;</b>	4	
(0	c) TOTAL Independent Expenditures			······		4 1 4
W	nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date 0	08 11	/ Y Y Y Y Y Y 2014
	Signature					

Schedule E)	IDITORES	PAGE 22 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd		08 08 2014 Amount
City State	Zip Code	18.00
Greensboro NC	27407	Transaction ID : 3d7d3c79-3067-4cf5-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Dis 224140.99 201	bursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Cari A Stevenson		08 08 2014
Mailing Address 12312 Summer Cemetary Rd		Amount
City State	Zip Code	20.00
Cabot AR	72023	Transaction ID : 479738e1-2264-4362-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought	55045.22 Dis 20	sbursement For: Primary X General  14  Other (specify) ▶
(a) CURTOTAL of language landers and art Furnary disturbance	'	20.00
(a) SUBTOTAL of Itemized Independent Expenditures	•	38.00
(b) SUBTOTAL of Unitemized Independent Expenditures	····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authority party committee) any political party committee or its agent.		
	tronically Filed] Date	08
Signature		

Schedule E)	JEINI EXI ENE	ATTOTILES	PAGE 23 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	t New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			08 / 08 / 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	60.00
Mt. Airy	NC	27030	Transaction ID : fa290248-dda5-4104-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			08 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	27.21
Mt. Airy	NC	27030	Transaction ID: b4381fa4-6627-4cbf-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		87.21
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- <b>J</b>			

Schedule E)	EXI END	TOTILO		PAGE 24 OF FOR SE OF FORM 24,	85 /48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBI	
Women Speak Out PAC				C C00530766	
Check if 24-hour report 48-hour report	New repo	ort Amend	ds report	filed on Man / Dab / Yayay	Y
Full Name of Payee Kenny Wallis				Date of Public Distribution/Disseminat	Y
Mailing Address 6412 Osage Dr				08	
City	State	Zip Code		25	5.00
North Little rock	AR	72116		Transaction ID: 962d33e8-a2aa-42f3 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type	001	M M / D D / Y Y 1	Y
Name of Federal Candidate		Sup	port	Office Sought: House District:	00
Mr. Mark L Pryor			oose		AR
Calendar Year-To-Date Per Election for Office Sought		55045.22		Disbursement For:  Primary  X Ge 2014  Other (specify) ►	eneral
Full Name of Payee				Date of Public Distribution/Dissemina	tion
Kenny Wallis				08 08 2014	
Mailing Address 6412 Osage Dr					
				Amount	
City	State	Zip Code		12.	84
North Little rock	AR	72116		Transaction ID : d067160d-df06-4ddd Date of Disbursement or Obligation	l-9
Purpose of Expenditure Mileage		Category/ Type	002	08 / 08 / 2014	
Name of Federal Candidate		Sup	port	Office Sought: House District:	00
Mr. Mark L Pryor		X Opp	pose	President X Senate State:	AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	55045.22		Disbursement For: Primary X Ge 2014 Other (specify) ►	eneral
•					
(a) SUBTOTAL of Itemized Independent Expenditures				37.84	
(b) SUBTOTAL of Unitemized Independent Expenditure	'es			·	
(c) TOTAL Independent Expenditures				<b>&gt;</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized				
Ms. Emily Buchanan	[Electron	ically Filed]	Date	08 11 2014	
Signature					

Schedule E)		ATOTILO	PAGE 25 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			08 / 08 / 2014
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	80.00
Charlotte	NC	28211	Transaction ID : 985f647f-2cb1-46c4-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			08 08 2014
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	7.20
Charlotte	NC	28211	Transaction ID : 8fd10296-0c61-4fce-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-77	224140.99	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		87.20
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			•
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
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Schedule E)	JENT EXI ENL	ON ONES	PAGE 26 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Patrice Wolfe			08 / 08 / 2014
Mailing Address 9909 Treasure Hill Rd			Amount
City	State	Zip Code	25.00
Little Rock	AR	72205	Transaction ID: 897fe4f5-5fc5-446c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		55045.22	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Patrice Wolfe			08 / 08 / 2014
Mailing Address 9909 Treasure Hill Rd			Amount
City	State	Zip Code	3.60
Little Rock	AR	72205	Transaction ID : af30f065-2a2c-4350-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		55045.22	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		28.60
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		. •
(c) TOTAL Independent Expenditures			
	andidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sche	edule E)	EXI ENDI	TOTILO				PAGE 27 OF 85 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Woı	men Speak Out PAC					С	C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M /	D = D / Y = Y = Y
Fu	ull Name of Payee				Date	of Public	c Distribution/Dissemination
l N	Marysol Netro					M M M 08	08 2014
Ma	ailing Address 312 S Gunter St				Amo	ount	
Ci	ity	State	Zip Code				30.00
	Siloam Springs	AR	72761				ID: ec107ed9-c511-4b12-a ursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001		08	08 / 2014
Na	ame of Federal Candidate		<u> </u>	Support	Office Sou	aht:	House District: 00
M	1r. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		55045.22		Disbursem 2014	ent For: Other (sp	Primary
	ull Name of Payee				Dat	e of Publi	c Distribution/Dissemination
	Marysol Netro					M M M	08 2014
М	lailing Address 312 S Gunter St					00	2014
	-				Am	ount	
Ci	ity	State	Zip Code				1.50
	Siloam Springs	AR	72761				D: bb2e7c6c-cd70-4f8a-a ursement or Obligation
	urpose of Expenditure Mileage		Category/ Type	002		08 M	08 2014
N	ame of Federal Candidate			Support	Office Sou	ght:	House District:00
N	fr. Mark L Pryor		X	Oppose	Pres	ident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	55045.22	2	Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures.				· • _	-	31.50
(b)	SUBTOTAL of Unitemized Independent Expenditure	'es			•		
(c)	TOTAL Independent Expenditures				•		7
with	der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its ac	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ D I D	2014
_	Signature		_				

Schedule E)	DEITI EXI EITD	HONES	PAGE 28 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carey T Hénderson			08 / 08 / 2014
Mailing Address 1025 Inverness Rd			Amount
City	State	Zip Code	85.00
Suthern Pines	NC	28387	Transaction ID: e6866021-78fe-4429-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carey T Henderson			08 08 2014
Mailing Address 1025 Inverness Rd			Amount
City	State	Zip Code	14.10
Suthern Pines	NC	28387	Transaction ID : c8c76475-ca46-43fe-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-	224140.99	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		99.10
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9			

Schedule E)	IDENT EXTEND	ITOTILO	PAGE 29 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	ort New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Shelby J Davis			08
Mailing Address 6414 The Divide Pkwy			Amount
Apt 204			
City	State	Zip Code	40.00
Little Rock	AR	72223	Transaction ID: 68607ecb-528f-44b0-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		55045.22	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Shelby J Davis			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6414 The Divide Pkwy			Amount
Apt 204			
City	State	Zip Code	6.90
Little Rock	AR	72223	Transaction ID : 2d69dbd9-feb4-4416-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		55045.22	Disbursement For:  Primary  General   2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		▶ 46.90
(b) SUBTOTAL of Unitemized Independent E	expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 11 2014
- 3			

Schedule E)	LIVI EXI ENL	THORIES	PAGE 30 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Diane Smith			08 / 08 / 2014
Mailing Address 4006 Wolkswalk Place			Amount
City	State	Zip Code	30.00
Raleigh	NC	27610	Transaction ID: a81b3bd4-7654-4f5b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 ,	224140.99	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Diane Smith			08
Mailing Address 4006 Wolkswalk Place			Amount
City	State	Zip Code	8.10
Raleigh	NC	27610	Transaction ID : f120bf49-d695-478e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		38.10
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sc	hedule E)	PAGE 31 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report X New report Amends report filed on	M = M / D = D / Y = Y = Y
	Timothy Foley	ate of Public Distribution/Dissemination
	Mailing Address 20679 Glenbrook Terrace A	mount
ŀ	City State Zip Code	70.00
	Sterling VA 20165 Ti	ransaction ID: 994f084a-c9a8-4037-b ate of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	08 / 08 / 2014
ı	Name of Federal Candidate Support Office Sc	ought: House District: 00
	Ms. Kay Hagan Oppose Pre	esident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburse 224140.99  Disburse	ment For:
Γ		ate of Public Distribution/Dissemination
1	Brandy Starns	08
ľ	Mailing Address 300 Evangeline St	35 05 2511
1	A	mount
ŀ	City State Zip Code	60.00
	D	ansaction ID : 4e0f3ead-ca66-4549-8 ate of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate Support Office So	ought: House District: 00
-	Ms. Mary L Landrieu Oppose Pro	esident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disburse 2014 2014	ment For:
(	a) SUBTOTAL of Itemized Independent Expenditures	130.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	11 2014
	Signature	

Schedule E)	INT EXI END	JII OI LE	PAGE 32 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brandy Starns			08 / 08 / 2014
Mailing Address 300 Evangeline St			Amount
City	State	Zip Code	87.00
Monroe	LA	71201	Transaction ID: 5999cead-988d-4e85-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		90492.07	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ky Broussard			08
Mailing Address 301 N Cedar Street			Amount
City	State	Zip Code	25.00
Abbeville	LA	70510	Transaction ID : bf4fcea2-848e-4d1b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	_,,	90492.07	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 112.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 11 2014
- 3			

ScI	hedule E)	.//. E.T.	0.120				PAGE 33 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort An	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
Т	Full Name of Payee Ky Broussard				Da		c Distribution/Dissemination
-	Mailing Address 301 N Cedar Street					08	08 / 2014
					Am	ount	
1	,		Zip Code		_   L		10.50
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LA	70510				ID: 448b0fad-d150-4b97-8 ursement or Obligation
	Purpose of Expenditure Mileage	l	Category/ Type			08	08 / 2014
	Name of Federal Candidate			Support	Office Sou	ught:	House District: 00
	Ms. Mary L Landrieu		X	Oppose	Pres	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		90492.07		Disbursen 2014	nent For: Other (sp	Primary
Ī	Full Name of Payee	,			Da		c Distribution/Dissemination
	Jeffrey Hampton					08	08 2014
ľ	Mailing Address 1700 E Part Ave				Δn		
						nount	
	,		Zip Code				27.50
		AR	72149		<b>Tra</b> ı Da	<b>nsaction II</b> te of Disbu	D: 798f96fb-2ca3-42ef-a ursement or Obligation
	Purpose of Expenditure Salary	l	Category/ Type			08	08 2014
	Name of Federal Candidate			Support	Office So	ught:	House District:00
	Mr. Mark L Pryor		X	Oppose	Pre	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		55045.2	22	Disbursen 2014	nent For: Other (sp	Primary
(6	(a) SUBTOTAL of Itemized Independent Expenditures				·· •	-	38.00
(1	(b) SUBTOTAL of Unitemized Independent Expenditures	÷			. •		
(0	(c) TOTAL Independent Expenditures						1 1 2 1 2 1
W	Under penalty of perjury I certify that the independent e vith, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	e 08	/ D = D	2014
	Signature						-

Sc	chedule E)	II EXI END	II OILEO		PAGE 34 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC				C C00530766
Ch	eck if 24-hour report X 48-hour report	New rep	ort Amends repo		M
	Full Name of Payee			Date	of Public Distribution/Dissemination
	Jeffrey Hampton				08 / 08 / 2014
	Mailing Address 1700 E Part Ave			Amou	int
	City	State	Zip Code		24.81
	Searcy	AR	72149		saction ID: 4c29503a-58d4-438c-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 / 08 / 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Mr. Mark L Pryor		X Oppose	Preside	ent State: AR
	Calendar Year-To-Date Per Election for Office Sought	, ,	55045.22	Disbursemen 2014	nt For:
	Full Name of Payee	_		Date	of Public Distribution/Dissemination
	Vonniqua Jackson				08
	Mailing Address 111 Westchester Blvd			Amou	unt
	Apt D4				
	City Slidell	State LA	Zip Code 70458	Transa	50.00 action ID : 6517ce9c-42cd-4c46-a
	Purpose of Expenditure				of Disbursement or Obligation
	Salary		Category/ Type 001		08 / 08 / 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	7 7	90492.07	Disbursemer 2014	nt For:
	(a) SUBTOTAL of Itemized Independent Expenditure	es			74.81
	(4)				7 7 7
	(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	
	(c) TOTAL Independent Expenditures			· ·	7 1 7 1 7
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08	11 2014
	Oignature				

Sch	edule E)						PAGE 35 OF 85 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Check	k if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M	/ D = D / Y = Y = Y
	ull Name of Payee				Dat	te of Publi	c Distribution/Dissemination
	Eric J Smith					M M M	08 / 2014
IV	failing Address 4967 Dysartville				Am	ount	
С	Sity	State	Zip Code				80.00
N	Morganton	NC	28655				ID: 67eb45bc-b812-4e9f-9 ursement or Obligation
	rurpose of Expenditure Salary		Category/ Type	001		08 08	08 2014
N	lame of Federal Candidate			Support	Office Sou	ıaht:	House District: 00
N	Ms. Kay Hagan			Oppose		_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	224140.99		Disbursem 2014	nent For: Other (sp	Primary ☐ General Decify) ▶
F	ull Name of Payee				Da	te of Publi	c Distribution/Dissemination
'	Jennifer E Smith					M = M 08	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 4967 Dysartsville Rd					UO	08 2014
	5 Tool Byoard III.				Am	nount	
С	Dity	State	Zip Code				80.00
	Morganton	NC	28655		<b>Trai</b> Da	nsaction II te of Disb	D : ee167607-b458-4d96-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M M	08 2014
N	lame of Federal Candidate			Support	Office Sou	ught:	House District: 00
N	Ms. Kay Hagan			Oppose	Pre	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, ,	224140.99	9	Disbursen 2014	nent For: Other (sp	Primary X General Decify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures				•		160.00
(b)	SUBTOTAL of Unitemized Independent Expenditure	res			. •		7 1 7
(c)	TOTAL Independent Expenditures				•		
witl	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	, M M M	/	/ Y Y Y Y Y Y 2014
	Signature		_				-

Schedule E)	LIVI LXI LIVI	THORIES	PAGE 36 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	9.00
Morganton	NC	28655	Transaction ID: 44750a52-eb27-42ed-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:  Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Daniel E Collison			08 08 2014
Mailing Address 3315 Cardinal Ridge Rd			Amount
City	State	Zip Code	30.00
Greensboro	NC	27410	Transaction ID: e3ef5bb9-25ce-4ed2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-,,	224140.99	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expend	litures		39.00
,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	TILO	PAGE 37 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed or	M = M / D = D / Y = Y = Y
Full Name of Payee Daniel E Collison	С	Date of Public Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd	A	08 08 2014 Amount
City State Zip	Code	15.00
Greensboro NC 274	410 <b>T</b>	ransaction ID: 72970b3f-a843-4604-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Ca	ategory/ Type 002	08
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Kay Hagan		resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 2241	40.99 Disburse 2014	ement For:
Full Name of Payee	1	Date of Public Distribution/Dissemination
Francis Richardson		08 08 2014
Mailing Address 220 Doucet Rd	A	Amount
014	0.1	00.00
	Code 503 Tr	39.00  Cansaction ID: e683d3ee-4894-45a6-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Ca	ategory/ Type 001	M 08
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Mary L Landrieu		resident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	90492.07 Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures		54.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
	, ,	7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically	y Filed] Date 08	/ 11 2014
Signature		

Schedule E)	T EXI END	HONES	PAGE 38 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			08 / 08 / 2014
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	3.06
Lafayette	LA	70503	Transaction ID : 5c4320d3-1df4-4bb9-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	90492.07	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Earl Stewart			08
Mailing Address 9455 Snow Camp Road			Amount
City	State	Zip Code	85.00
Snowcamp	NC	27349	Transaction ID: 2213ea78-3086-4eba-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	224140.99	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		88.06
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>5</b>			

Schedule E)	DEINI EXI ENE	TI OTILO	PAGE 39 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Earl Stewart			08 08 2014
Mailing Address 9455 Snow Camp Road			Amount
City	State	Zip Code	3.00
Snowcamp	NC	27349	Transaction ID: 8a8c01d9-738f-4b9d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			08
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	60.00
Mt. Airy	NC	27030	Transaction ID : 1dfcfa84-1f31-4e9b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	224140.99	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		63.00
, , ,			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>-</u>			

Schedule E)	DENT EXPEND	TIONES	PAGE 40 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			08 08 2014
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	27.21
Mt. Airy	NC	27030	Transaction ID : cbb3f1da-6786-4d16-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
David M Bozeman			08 / 08 / 2014
Mailing Address 768 Pine Haven Drive			Amount
City	State	Zip Code	20.00
Fayetteville	NC	28306	Transaction ID: 3470fd51-f06f-4ee9-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:  Primary  General 2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		47.21
( <b>-)</b>			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08
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Schedule E)	DEITI EXI EITE	TI OTILO	PAGE 41 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
David M Bozeman			08
Mailing Address 768 Pine Haven Drive			Amount
City	State	Zip Code	0.90
Fayetteville	NC	28306	Transaction ID: 01f02959-0a36-4927-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	224140.99	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christine Stevens			08
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	80.00
Winchester	VA	22602	Transaction ID: 8f63964c-9299-4733-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		80.90
(b) SUBTOTAL of Uniternized Independent Ex	nenditures		
(b) SOBTOTAL OF CHILCHIESE HISCOCHICE EX	perialtares		7 7 7
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	DENT EXICIO	HORLS	PAGE 42 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	oort Amends repo	rt filed on
Full Name of Payee  Joesph P Pthierfelder			Date of Public Distribution/Dissemination
Mailing Address 2411 Armstrong			08 08 2014
			Amount
City	State	Zip Code	85.00
Gastonia	NC	28054	Transaction ID: 0b42f952-e183-47b3-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-,-,-	224140.99	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Joesph P Pthierfelder			08 08 7 2014
Mailing Address 2411 Armstrong			Amount
City	State	Zip Code	6.00
Gastonia	NC	28054	Transaction ID : 6259b86b-74cd-41ff-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		91.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 11 2014
Signature			

Schedule E)	LINDITOTILO	PAGE 43 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
	ew report Amends report fil	led on
Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination  08
Mailing Address 100 Asbury Ct		Amount
City State	Zip Code	80.00
Winchester VA	22602	Transaction ID : 769e3884-ed0f-489f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	224140.99 Dis 201	sbursement For: Primary X General  14 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Rodney D Culbreth		08 08 2014
Mailing Address 100 Asbury CT		Amount
3200 Dam Neck Rd	7:- Codo	80.00
City State Winchester VA	Zip Code 22602	80.00  Transaction ID: e18b4cbd-33b4-4001-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General  114  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authors party committee) any political party committee or its agent.		
Ms. Emily Buchanan [E	lectronically Filed] Date	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	VI EXI END	TIONES	PAGE FOR S	44 OF 85 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFI	ICATION NUMBER ▼
Women Speak Out PAC			C C00530	)766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	t filed on	/
Full Name of Payee			Date of Public Distrib	oution/Dissemination
Rze Culbreath			08 / D	
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		80.00
Winchester	VA	22602	Transaction ID : e73 Date of Disbursemen	
Purpose of Expenditure Salary		Category/ Type 001	08 / 08	
Name of Federal Candidate		Support	Office Sought: House	se District: 00
Ms. Kay Hagan		X Oppose	President Sena	ate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	224140.99	Disbursement For: Pr 2014 Other (specify) ▶	rimary X General
Full Name of Payee			Date of Public Distrib	oution/Dissemination
Jon E Conner			08 / 08	
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		50.00
Winchester	VA	22602	Transaction ID : 1941 Date of Disbursemen	
Purpose of Expenditure Salary		Category/ Type 001	08 / D 08	
Name of Federal Candidate		Support	Office Sought: Hou	se District: 00
Ms. Kay Hagan		Oppose	President Sena	
Calendar Year-To-Date Per Election for Office Sought	, ,	224140.99	Disbursement For: Property Pro	rimary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			130.00
(b) SUBTOTAL of Unitermized Independent Expendent	ditures		<b>•</b>	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 11 / Y	2014
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Schedule E)	LIVI EXI END	HONES	PAGE 45 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			08 / 08 / 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	60.00
New Orleans	LA	70131	Transaction ID : 62a7cc99-8f03-4007-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:  Primary  General  2014  Gther (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Tylan S Green			08 / 08 / 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	13.20
New Orleans	LA	70131	Transaction ID: b4b95cec-8ea9-4512-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		73.20
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			·
	ndidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 11 2014
S.g.iataro			

Schedule E)	ENT EXILIN	DITOTILO	PAGE 46 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			08 / 08 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	45.00
Mandeville	LA	70471	Transaction ID : d594be98-24b9-4937-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		90492.07	Disbursement For:  Primary  General  General  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			08 / 08 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	5.70
Mandeville	LA	70471	Transaction ID : 0e025136-c7f4-48e5-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		90492.07	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		50.70
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expo	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
	ididate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sc	chedule E)	PAGE 47 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed o	on
1		Date of Public Distribution/Dissemination
	Ms. Tonya Boyd	08 / 08 / 2014
	Mailing Address 2357 Fancy Cap Rd	Amount
	City State Zip Code	60.00
	Mt. Airy NC 27030	Transaction ID : 365dc8b0-c908-44fe-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	08 / 08 / 2014
	Name of Federal Candidate Support Office S	Sought: House District: 00
	Ms Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburs 224140.99  2014	sement For:
		Date of Public Distribution/Dissemination
	Ms. Tonya Boyd	M = M / D = D / Y = Y = Y
	Mailing Address 2357 Fancy Can Rd	08 08 2014
	- Zoor randy dup red	Amount
	City State Zip Code	27.21
		Transaction ID : f5624ccc-14d1-4b6e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	08 / 08 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburs 224140.99	sement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	87.21
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Sc	chedule E)	L/(1 L.(L.	10.120			AGE 48 OF 85 OR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	-				TIFICATION NUMBER ▼
W	omen Speak Out PAC					0530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends	report filed		D = D / Y = Y = Y
T	Full Name of Payee Michael Vidrine				M = M /	istribution/Dissemination
-	Mailing Address 1103 West Wilson Street				08 Amount	08 2014
ŀ	City	State	Zip Code			55.00
	Ville Platte	LA	70586			bdfe3a42-a3bb-48d0-a ement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08 / 2014
ı	Name of Federal Candidate		Suppo	ort Offic	e Sought:	House District:00
	Ms. Mary L Landrieu		X Oppos			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		90492.07	Disb 2014	ursement For: Other (specif	Primary
	Full Name of Payee Michael Vidrine					Distribution/Dissemination 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1103 West Wilson Street				Amount	
Ī	City	State	Zip Code		1	28.20
	Ville Platte	LA	70586			6f2dde54-7d21-4489-9 ement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	08 /	08 / 2014
Ī	Name of Federal Candidate		Suppo	ort Offic	ce Sought:	House District: 00
	Ms. Mary L Landrieu		X Oppos			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		90492.07	Disb 201	oursement For: 4 Other (speci	Primary X General
(	(a) SUBTOTAL of Itemized Independent Expenditures.			······ <b>&gt;</b>	1 1 7 1	83.20
(	(b) SUBTOTAL of Unitemized Independent Expenditure	'es		·····	7	1 47 1 1 45 1
(	(c) TOTAL Independent Expenditures			······	7	
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	08 11 /	2014
	Signature					

Schedule E)	INI EXI ENE	TI OTILO	PAGE 49 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Aaron Credeur			08 / 08 / 2014
Mailing Address 234 East Musique Rd			Amount
City	State	Zip Code	35.00
Carencro	LA	70520	Transaction ID : 06dac511-7796-4c94-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		90492.07	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Aaron Credeur			08 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 234 East Musique Rd			Amount
City	State	Zip Code	9.00
Carencro	LA	70520	Transaction ID : c66a4474-df74-450b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		90492.07	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		44.00
,,			7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 11 / 2014
•			

Mailing Address 915 E Market Ave  City State Zip Code Searcy AR 72149  Purpose of Expenditure Salary  Category/ Type 001  O8 08 20  Amount  Transaction ID: 9db779d0-40e2-4  Date of Disbursement or Obligation	nation 14 50.00 17cf-b
Women Speak Out PAC  Check if 24-hour report	nation 14 50.00
Check if 24-hour report	14 50.00
Benjamin Hernandez  Mailing Address 915 E Market Ave  City State Zip Code Searcy AR 72149  Purpose of Expenditure Salary  Category/ Type 001  M M M O 08 / 08 / 20  Amount  Transaction ID: 9db779d0-40e2-4 Date of Disbursement or Obligation	14 50.00
Mailing Address 915 E Market Ave  City State Zip Code Searcy AR 72149  Purpose of Expenditure Salary  Category/ Type 001  Amount  Transaction ID: 9db779d0-40e2-4 Date of Disbursement or Obligation	50.00 7 <b>cf-b</b>
Searcy AR 72149  Purpose of Expenditure Salary  Category/ Type 001  Transaction ID: 9db779d0-40e2-4 Date of Disbursement or Obligation 08 08 08 20	7cf-b
Searcy AR 72149  Purpose of Expenditure Salary  Category/ Type 001  Transaction ID: 9db779d0-40e2-4 Date of Disbursement or Obligation 08 08 08 20	7cf-b
Salary Type 001 08 08 20	1
<u> </u>	)14
Name of Federal Candidate Support Office Sought: House District:	00
Mr. Mark L Pryor  Oppose  President  Senate  State:	AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: ☐ Primary ☐ Primary ☐ Other (specify) ▶	General
Full Name of Payee Date of Public Distribution/Dissem	nation
	)14
Mailing Address 915 E Market Ave Amount	
City State Zip Code	2.30
Searcy AR 72149 Transaction ID : f20ef8c0-306e-4as Date of Disbursement or Obligation	
	14
Name of Federal Candidate Support Office Sought: House District:	00
Mr. Mark L Pryor  Oppose  President  Senate State:	
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: ☐ Primary 2014  Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 08 11 2014	

Schedule E)	. LINDITOTILO	PAGE 51 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination
Mailing Address 4902 Catawba Dr		08 08 2014  Amount
City State	Zip Code	105.00
Greensboro NC	27407	Transaction ID : 1be2fcaf-e27b-478a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Eleanor McCoy		08 08 2014
Mailing Address 4902 Catawba Dr		Amount
City State	·	25.20
Greensboro NC	27407	Transaction ID: 118f40db-07f1-4f0a-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		130.20
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent exprise with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Emily Buchanan	[Electronically Filed] Date	08 11 2014
Signature		

Scl	hedule E)			PAGE 52 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C C00530766
Che	eck if 24-hour report X 48-hour report New report	Amends repo	ort filed on	M / D D / Y Y Y Y
Т	Full Name of Payee		Date o	f Public Distribution/Dissemination
-	Cassidy Quartararo			08 08 2014
	Mailing Address 632 Cameron Court		Amour	t
ŀ	City State Zip Co	ode		20.00
	Kenner LA 70065	5		action ID: e7e15e2e-4318-4f62-8 f Disbursement or Obligation
		gory/ Type 001		08 / 08 / 2014
ı	Name of Federal Candidate	Support	Office Sought	: House District:00
	Ms. Mary L Landrieu	X Oppose	Preside	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 90492	.07	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Γ	Full Name of Payee		Date o	f Public Distribution/Dissemination
١	Cassidy Quartararo			08 08 2014
ľ	Mailing Address 632 Cameron Court			30 2011
١			Amour	nt
ľ	City State Zip C	ode	─ I :	4.92
	Kenner LA 7006	5	Transac Date o	ction ID: 343b86bb-2fbf-4afd-a of Disbursement or Obligation
		gory/ Type 002		08 / D D / Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought	:
	Ms. Mary L Landrieu	X Oppose	Preside	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 90	492.07	Disbursement 2014 Ot	For: Primary X General
(	a) SUBTOTAL of Itemized Independent Expenditures		· •	24.92
(	b) SUBTOTAL of Unitemized Independent Expenditures		•	7 1 7 1 7
(	c) TOTAL Independent Expenditures		· .	7 7 7
W	Under penalty of perjury I certify that the independent expenditures report vith, or at the request or suggestion of, any candidate or authorized commarty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically F	<i>[iled]</i> Date	9 08	11 2014
	Signature			

Schedule E)	,	PAGE 53 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	*M / D = D / Y = Y = Y
Full Name of Payee Kassidy L Tyer	M	of Public Distribution/Dissemination
Mailing Address 41 Hawk Hollow Trail	Amour	08 09 2014 nt
City State Zip Code		15.00
Burgaw NC 28425	Transa	action ID: d87c39c8-b252-42b5-b of Disbursement or Obligation
Purpose of Expenditure Salary Categor Typ		08 09 / 2014
Name of Federal Candidate	Support Office Sought	: House District: 00
Ms. Kay Hagan	Oppose Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 224140.99	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee	Date of	of Public Distribution/Dissemination
Kassidy L Tyer	ТМ	08
Mailing Address 41 Hawk Hollow Trail	Amou	
City State Zip Code		6.00
Burgaw NC 28425	Transa	ction ID : a1d80e47-dd6d-4935-8 of Disbursement or Obligation
Purpose of Expenditure Mileage  Categor Typ	y/ 002 M	08 / 09 / 2014
Name of Federal Candidate	Support Office Sough	t: House District: 00
Ms. Kay Hagan	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought 224140	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		21.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(,,		7 7 7
(c) TOTAL Independent Expenditures	······	4 4 4
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed	Date 08	11 2014
Signature		

Schedule E)	DENT EXILIAD	ITOTILO	PAGE 54 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carey T Henderson			08 / 09 / 2014
Mailing Address 1025 Inverness Rd			Amount
City	State	Zip Code	30.00
Suthern Pines	NC	28387	Transaction ID: 89b7ecce-535e-44be-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,	224140.99	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Carey T Henderson			08
Mailing Address 1025 Inverness Rd			Amount
City	State	Zip Code	6.30
Suthern Pines	NC	28387	Transaction ID: c956b2df-7f84-4162-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	enditures		36.30
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9			

Schedule E)	VI EXI END	TIONES	PAGE 55 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Karl L Starns			08
Mailing Address 4120 Bon Aire Dr			Amount
Apt 6307			
City Monroe	State LA	Zip Code 71212	30.00 Transaction ID : 39f2cfeb-0112-4cca-a
Purpose of Expenditure Salary		Category/ 001	Date of Disbursement or Obligation
Salary		Type 001	08 09 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	90492.07	Disbursement For:  Primary  General 2014  Gher (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Karl L Starns			08 09 2014
Mailing Address 4120 Bon Aire Dr			Amount
Apt 6307			7.11.04.11
City Monroe	State LA	Zip Code 71212	15.00 Transaction ID : 7f6ce995-6574-4db8-a
Purpose of Expenditure		11212	Date of Disbursement or Obligation
Mileage		Category/ Type 002	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	90492.07	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		45.00
(b) SUBTOTAL of Unitemized Independent Expend	itures		. •
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 11 2014
•			

Schedule E	E)		1101120		PAGE 56 OF 85 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	-M / D - D / Y - Y - Y - Y
Full Name Brandy	of Payee / Starns				of Public Distribution/Dissemination
Mailing Ad	dress 300 Evangeline St			Amour	08 09 2014
O:r.		01-1-	75. 0.4.		45.00
City Monroe		State LA	Zip Code 71201		45.00 action ID : c6df170b-f0c9-492c-a of Disbursement or Obligation
Purpose o Salary	f Expenditure		Category/ Type 001		08
Name of F	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary	L Landrieu		X Oppose	Preside	ent Senate State: LA
	dar Year-To-Date Election for Office Sought	, , ,	90492.07	Disbursement 2014 Of	t For: Primary X General
Full Name Brandy	of Payee Starns				of Public Distribution/Dissemination
Mailing Ac	Idress 300 Evangeline St			Amou	08 09 2014 nt
City		State	Zip Code		24.00
Monroe		LA	71201	Transa Date of	ction ID : 927d92e3-ecbc-4a95-b of Disbursement or Obligation
Purpose of Mileage	f Expenditure		Category/ Type 002		08 / 09 / 2014
Name of I	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary	L Landrieu		X Oppose	Preside	ent X Senate State: LA
	ndar Year-To-Date Election for Office Sought	7	90492.07	Disbursemen 2014 O	t For:
(a) SUBTO	TAL of Itemized Independent Expenditu	ıres			69.00
(b) SUBTO	TAL of Unitemized Independent Expend	ditures		•	
(c) TOTAL	Independent Expenditures			· [	
with, or at t	alty of perjury I certify that the independ he request or suggestion of, any candic littee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08	11 2014
Signatur	e				

Schedule E)	PENT EXTEND	TIONES	PAGE FOR SI	57 OF 85 E OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	CATION NUMBER ▼
Women Speak Out PAC			C C005307	766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/
Full Name of Payee Shantal C Culbreath			Date of Public Distribu	
Mailing Address 4691 Hercules Lane			08 09 Amount	2014
			7 tillouit	
City	State	Zip Code	Towns tier ID 401	40.00
Woodbridge	VA	22193	Transaction ID : 43bc  Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	08 / 09	2014
Name of Federal Candidate		Support	Office Sought: House	e District: 00
Ms. Kay Hagan		X Oppose	President X Senat	e State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	224140.99	Disbursement For: Pring 2014 Other (specify) ▶	mary X General
Full Name of Payee			Date of Public Distribu	ution/Dissemination
Trent C Oelschlaeger			08 / 09	2014
Mailing Address 18710 Strawberry Plant Ro	ad		Amount	
City	State	Zip Code		6.00
Fayetteville	AR	72704	Transaction ID: 8c69e Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	08 / 09	2014
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
Mr. Mark L Pryor		X Oppose	President X Sena	te State: AR
Calendar Year-To-Date Per Election for Office Sought		55045.22	Disbursement For: Pring 2014 Other (specify)	mary X General
(a) SUBTOTAL of Itemized Independent Exper	nditures		<b>•</b>	46.00
(b) OUDTOTAL of Heliconical Indoorandeed For			7	7
(b) SUBTOTAL of Unitemized Independent Exp	penditures		<b>•</b>	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4 1 4 1
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D / Y	<sup>Y</sup>
S.g.iataro				

Schedule E)	PAGE 58 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee Trent C Oelschlaeger	Date of Public Distribution/Dissemination
Mailing Address 18710 Strawberry Plant Road	08 09 2014 Amount
City State Zip Code	4.50
Fayetteville AR 72704	Transaction ID : bf359c1d-c229-4643-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 / 09 / 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disl 201	bursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Zachary Vidrine	08 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun	Amount
City State Zip Code	40.00
Ville Platte LA 70586	Transaction ID : 5d2feac9-b57e-45fa-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 / 09 / 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Dis 20'	bursement For:  Primary  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	44.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 / 11 / 2014

Schedule E)	IN EXILIN	JII OI LO	PAGE 59 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			08
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	32.10
Ville Platte	LA	70586	Transaction ID : 6d1d821e-4e47-4681-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		90492.07	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tracy M Hargett			08 / 09 / 2014
Mailing Address 5133 Lord Bryon Road			Amount
City	State	Zip Code	40.00
Wilmington	NC	28405	Transaction ID : e8ca48d5-cd04-487a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	224140.99	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		72.10
(a)			
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3. <del>3</del>			

Schedule	E)	TI EXI END			PAGE 60 OF 85 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M
<u> </u>					
	e of Payee M Hargett				of Public Distribution/Dissemination  08
Mailing A	Address 5133 Lord Bryon Road			Amou	int
City		State	Zip Code	$-\Gamma$	12.90
Wilming		NC	28405		saction ID: a750cf9e-56f0-4433-a of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		08 / 09 / 2014
Name of	Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay	Hagan		X Oppose	Preside	ent State: NC
	endar Year-To-Date Election for Office Sought		224140.99	Disbursemen 2014	nt For:
	ne of Payee			Date	of Public Distribution/Dissemination
Warre	en Gravois				08 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing A	Address 16005 7th St				00 2011
				Amou	ınt
City		State	Zip Code		42.50
Pearling		MS	39572	Transa Date	action ID: a2d2b038-0842-485c-a of Disbursement or Obligation
Salary	of Expenditure		Category/ Type 001		08 / 09 / 2014
Name of	Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mar	y L Landrieu		X Oppose	Presid	
	endar Year-To-Date Election for Office Sought	7 7	90492.07	Disbursemer 2014	nt For:
(a) SUBT	OTAL of Itemized Independent Expenditur	res		· •	55.40
(b) SUBT	OTAL of Unitemized Independent Expend	itures		· •	
(c) TOTA	L Independent Expenditures			•	7 7
with, or at	nalty of perjury I certify that the independ the request or suggestion of, any candid mittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 08	11 2014
Signatu	ure				

Schedule E)	I EXI END	THORIES	<u> </u>	PAGE 61 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Warren Gravois			M = M /	Distribution/Dissemination
Mailing Address 16005 7th St			08 Amount	09 2014
City	State	Zip Code		3.54
Pearlington	MS	39572		: e2d6b316-7e53-4d0a-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 /	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	90492.07	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jonathan Odette			08	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9600 Earpsboro Chamblee Road	I		Amount	
City	State	Zip Code		40.00
Wendell	NC	27591		: 08e298cd-8635-4bdb-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	224140.99	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		·	43.54
(b) SUBTOTAL of Unitemized Independent Expendit	tures			
(c) TOTAL Independent Expenditures			<b>•</b>	1 4 1 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 11	2014
olyliature				<del></del>

Schedule E)	SHOHEO	PAGE 62 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	port Amends report file	ed on
Full Name of Payee Jonathan Odette		Date of Public Distribution/Dissemination
Mailing Address 9600 Earpsboro Chamblee Road		08 09 2014  Amount
City State	Zip Code	10.20
Wendell NC	27591	Transaction ID : 514afd80-c126-42c0-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 09 / 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	224140.99 Dis 201	bursement For:  Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Cari A Stevenson		08 09 2014
Mailing Address 12312 Summer Cemetary Rd		Amount
City State Cabot AR	Zip Code 72023	40.00  Transaction ID : 10557b83-ec1a-43e1-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 09 / Y 2014
Name of Federal Candidate	Support Off	fice Sought: House District:00
Mr. Mark L Pryor	Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	55045.22 Dis 20	sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	50.20
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	08 11 2014
Signature	_	

Schedule E)	DENT EXTEN	JII OI LO	PAGE 63 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cari A Stevenson			08 / 09 / 2014
Mailing Address 12312 Summer Cemetary Ro	i		Amount
City	State	Zip Code	3.60
Cabot	AR	72023	Transaction ID : 53599acf-298c-4525-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	,,,,,	55045.22	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			08 09 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	50.00
Mandeville	LA	70471	Transaction ID : aa2dabc8-d38e-4092-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		90492.07	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		. ▶ 53.60
(b) SUBTOTAL of Unitemized Independent Ex	rnondituros		
(b) SOBTOTAL OF OTHER MIZE A Macpendent LA	portatures		4 4
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08
5.g. (a.a.)			

Sche	edule E)	L/( L/(2.	1101120		PAGE 64 OF 85 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Woı	men Speak Out PAC				C C00530766
Check	t if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y = Y = Y
J Fu	ıll Name of Payee Jeanne Tribou				of Public Distribution/Dissemination  08 09 2014
Ma	ailing Address 22369 Ponderosa Dr.			Amou	nt
Ci	ity	State	Zip Code	— IL.	8.40
M	flandeville	LA	70471		action ID : 240a7263-2fed-4696-9 of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		08 09 / 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
M	ls. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	90492.07	Disbursement 2014 Or	t For: Primary X General
	ull Name of Payee Parker H Morrow				of Public Distribution/Dissemination
M	lailing Address 506 N Horton Street			Amou	08 09 2014
	ity Searcy	State AR	Zip Code 72143		40.00 ction ID : 677668ad-769f-413a-9 of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		08 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
M	fr. Mark L Pryor		X Oppose	Preside	ent State: AR
	Calendar Year-To-Date Per Election for Office Sought	, ,	55045.22	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	s			48.40
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c)	TOTAL Independent Expenditures			· [	
with	der penalty of perjury I certify that the independer n, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M /	11 2014
	Signature		_		

Schedu	le E)	I EXI EIID					PAGE 65 OF 85 FOR SE OF FORM 24/48
	COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wome	en Speak Out PAC					С	C00530766
Check if	24-hour report X 48-hour report	New repo	port Am	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Full N	lame of Payee				Dot	- of Bubli	- Distribution/Diagomination
Par	ker H Morrow				Date	of Public	c Distribution/Dissemination  / 09 2014
Mailin	g Address 506 N Horton Street				Amo	ount	
City		State	Zip Code				22.50
Sear		AR	72143				ID: 4872503d-69f7-4c13-b ursement or Obligation
Purpo Milea	se of Expenditure age		Category/ Type	002		08	09 / 2014
Name	of Federal Candidate		<u>'</u> ;	Support	Office Sou	ght:	House District:00
Mr. N	fark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7 7	55045.22		Disburseme 2014	ent For: Other (sp	Primary
	lame of Payee antal C Culbreath				Dat	e of Publi	ic Distribution/Dissemination
Mailin	ng Address 4691 Hercules Lane				Am	ount	
City		State	Zip Code				30.00
	dbridge	VA	22193		<b>Tran</b> Dat	saction II e of Disb	D: e0e53edc-d14a-492e-b ursement or Obligation
Purpo Salai	ose of Expenditure ry		Category/ Type	001		08 <sup>M</sup>	09 2014
Name	e of Federal Candidate			Support	Office Sou	ght:	House District:00
Ms. K	Kay Hagan		X	Oppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, ,	224140.9	9	Disbursem 2014	ent For: Other (sរុ	Primary X General Decify) ▶
(a) SU	BTOTAL of Itemized Independent Expenditure	9S					52.50
(b) SU	BTOTAL of Unitemized Independent Expendit	tures					
(c) TO	TAL Independent Expenditures				· [		
with, or	penalty of perjury I certify that the independer at the request or suggestion of, any candida ommittee) any political party committee or its	ate or authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	e 08	/ 11	/ Y Y Y Y Y 2014
Sigr	nature						

Schedule E)	IN EXILIN	ON ONES	PAGE 66 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			08 / 09 / 2014
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	85.00
Lafayette	LA	70503	Transaction ID: 92e2ff6a-d52f-43b6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		90492.07	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			08 / 09 / 2014
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	11.49
Lafayette	LA	70503	Transaction ID: 944a2fd5-1fc4-47d2-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,,	90492.07	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	tures		96.49
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •
(c) TOTAL Independent Expenditures			•
	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 11 2014

Scl	nedule E)	101101120		PAGE 67 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	C00530766
Che	ck if 24-hour report X 48-hour report New I	report Amends repo	rt filed on	D = D / Y = Y = Y
$\overline{}$	Full Name of Payee		Date of Public	Distribution/Dissemination
	Lily Green		Date of Public	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 205 Medallion Circle		Amount	
ŀ	City State	Zip Code		80.00
	Shreveport LA	71119	II.	D: 508173a4-7885-4b2d-a rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08	09 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
L	Ms. Mary L Landrieu	Oppose	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	90492.07	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Γ	Full Name of Payee		Date of Public	Distribution/Dissemination
1	Lily Green		M M / / 08	09 / 2014
ľ	Mailing Address 205 Medallion Circle			2011
1			Amount	
ŀ	City State	Zip Code		22.80
	Shreveport LA	71119	Transaction ID  Date of Disbu	: 4a3c7a2a-7297-4f82-8 rsement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	08 /	09 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	Oppose	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	90492.07	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures		•	102.80
(I	b) SUBTOTAL of Unitemized Independent Expenditures		•	
(0	C) TOTAL Independent Expenditures		<b>•</b>	7
W	inder penalty of perjury I certify that the independent expenditurith, or at the request or suggestion of, any candidate or authoritarty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronic No. 2017]	tronically Filed] Date	08 11	/ Y Y Y Y Y 2014
	Signature			

Schedule E)	LIVI EXI ENL	irones	PAGE 68 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repor	t filed on Man / Dad / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Corey Miller			08 / 09 / 2014
Mailing Address 8617 Riley Hills Rd			Amount
City	State	Zip Code	40.00
Zebulon	NC	27597	Transaction ID: 2730c723-5093-46b2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Corey Miller			08 09 / 2014
Mailing Address 8617 Riley Hills Rd			Amount
City	State	Zip Code	18.00
Zebulon	NC	27597	Transaction ID: 07a1295b-6f33-4fde-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	224140.99	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expend	itures		58.00
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Eleanor McCoy	08
Mailing Address 4902 Catawba Dr	nount
City State Zip Code	40.00
Greensboro NC 27407 Tra	ansaction ID : 4191cfcc-3916-405b-9 te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	08 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Me Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 224140.99  Disbursem 2014	1
	Other (specify)
Full Name of Payee Da Eleanor McCoy	te of Public Distribution/Dissemination
Mailing Address 4902 Catawba Dr	08 09 2014 nount
City State Zip Code	17.10
Greensboro NC 27407 Trai	nsaction ID : 67032a35-2bd2-4bde-a tte of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soci	ught: House District: 00
Ms. Kay Hagan Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	57.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

85

Schedule E)	IN EXILIN	ON ONES	PAGE 70 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination
•			08 / 09 / 2014
Mailing Address 6412 Osage Dr			Amount
City	State	Zip Code	45.00
North Little rock	AR	72116	Transaction ID : cb50b0c9-a71a-42e4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	55045.22	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kenny Wallis			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6412 Osage Dr			Amount
City	State	Zip Code	12.69
North Little rock	AR	72116	Transaction ID: 2a929b1b-13b3-41d1-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		55045.22	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. • 57.69
(b) SUBTOTAL of Unitemized Independent Exper	nditures		·
(c) TOTAL Independent Expenditures			<b>•</b>
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Sche	dule E)	-/(1 11.112.	101120		-	PAGE 71 OF 85 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C	00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D = D / Y = Y = Y
					-	
Fu	III Name of Payee Gregory Green				of Public	Distribution/Dissemination  09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 2506 Bolch Street			Amo	unt	
Cit	ty St.	ate	Zip Code	— F		50.00
		_A	71104			: fd4c0e20-3e83-455e-9 sement or Obligation
	ırpose of Expenditure alary		Category/ Type 001		08	09 / 2014
Na	ame of Federal Candidate		Support	Office Soug	ht:	House District: 00
М	s. Mary L Landrieu		X Oppose	Presid	dent X	
	Calendar Year-To-Date Per Election for Office Sought	:	90492.07	Disburseme 2014	nt For:	Primary
	III Name of Payee			Date	of Public	Distribution/Dissemination
16	Gregory Green				M M /	09 / 2014
Ma	ailing Address 2506 Bolch Street			- 1	00	2011
				Amo	unt	
Ci	ty St	ate	Zip Code			12.60
		_A	71104	<b>Trans</b> Date	action ID of Disbur	: 94e637d3-30e9-4a86-8 sement or Obligation
	urpose of Expenditure fileage		Category/ Type 002	$\Box \mid \Box$	08	09 / 2014
Na	ame of Federal Candidate		Support	Office Soug	jht:	House District: 00
M	ls. Mary L Landrieu		X Oppose	Presid	dent X	
	Calendar Year-To-Date Per Election for Office Sought		90492.07	Disburseme 2014	ent For: Other (spe	Primary X General
(a)	SUBTOTAL of Itemized Independent Expenditures			·· •	-	62.60
(b)	SUBTOTAL of Unitemized Independent Expenditures	·		·· •	-	
(c)	TOTAL Independent Expenditures			· ·		7
with	der penalty of perjury I certify that the independent et, or at the request or suggestion of, any candidate of ty committee) any political party committee or its age	r authorized				
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	e 08	11	2014
-	Signature		_			

Sc	chedule E)		1101120		PAGE 72 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	port Amends repo	ort filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee Francis Richardson			Di	Date of Public Distribution/Dissemination
	Mailing Address 220 Doucet Rd				08 09 2014 Amount
	C' Chota		70.004	— г	20.00
	City State Lafayette LA		Zip Code 70503		30.00  Fransaction ID: 4f0464d4-306b-4b32-9 Date of Disbursement or Obligation
Ì	Purpose of Expenditure Salary		Category/ Type 001		08 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate		Support	Office So	Sought: House District: 00
	Ms. Mary L Landrieu		Oppose		resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		90492.07	Disburse 2014	ement For:
	Full Name of Payee Francis Richardson			D	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 220 Doucet Rd			A	Amount
ŀ	City State		Zip Code		2.34
	Lafayette LA		70503	Tra	ransaction ID: 8be22073-6744-4e49-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 / 09 / 2014
ľ	Name of Federal Candidate		Support	Office So	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose	Pr	resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		90492.07	Disburse 2014	ement For:
(	(a) SUBTOTAL of Itemized Independent Expenditures			•	32.34
(	(b) SUBTOTAL of Unitemized Independent Expenditures			<b>.</b>	
(	(c) TOTAL Independent Expenditures			··· <b>·</b> [	
٧	Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.				
		[Electron	nically Filed] Date	te 08	11 2014
	Signature				

Schedule E)	PENT EXI EN	DITOTILO	PAGE 73 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Anthony Pearson			08 09 2014
Mailing Address 112 apache Dr			Amount
City	State	Zip Code	30.00
Search	AR	72149	Transaction ID: 57417156-25c2-4176-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		55045.22	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Anthony Pearson			08
Mailing Address 112 apache Dr			Amount
City	State	Zip Code	3.00
Search	AR	72149	Transaction ID : 2cbbd672-6099-46df-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		55045.22	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 33.00
			7 7 7
(b) SUBTOTAL of Unitermized Independent Exp	enditures		· • • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 11 2014
•			

Schedule E)	IN EXILIE	TIONES	PAGE 74 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Kay Davis			08 / 09 / 2014
Mailing Address 5117 Carr Dr			Amount
City	State	Zip Code	45.00
Grifton	NC	28530	Transaction ID: 4718e493-15fd-4917-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	224140.99	Disbursement For: Primary X General 2014
Full Name of Payee			Date of Public Distribution/Dissemination
Kay Davis			08
Mailing Address 5117 Carr Dr			Amount
City	State	Zip Code	6.00
Grifton	NC	28530	Transaction ID: 8894ff28-68df-41d4-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	224140.99	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendi	tures		51.00
,,			7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Sc	chedule E)	<b>L</b> .	1101120		-	PAGE 75 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					00530766
Che	eck if 24-hour report X 48-hour report N	lew rep	port Amends repo	ort filed on	M = M /	D = D   /   Y = Y = Y = Y
٦	Full Name of Payee ERIC TABARY			Da	te of Public	Distribution/Dissemination
	Mailing Address 6101 NORA ST			Δm	08 nount	09 2014
					IOUTIL	
1	City State		Zip Code			70.00
Ì	METAIRIE LA		70003			: 99621d44-076f-455d-a sement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 /	09 / 2014
Ì	Name of Federal Candidate		Support	Office Sou	ıaht:	House District:00
	Ms. Mary L Landrieu		X Oppose		sident X	
	Calendar Year-To-Date Per Election for Office Sought		90492.07	Disbursen 2014	nent For:	Primary
	Full Name of Payee			Da		Distribution/Dissemination
1	ERIC TABARY				M = M /	D D / Y Y Y Y
Ì	Mailing Address 6101 NORA ST				08	09 2014
Ì	o did noise of			An	nount	
Ì	City State		Zip Code			1.20
	METAIRIE LA		70003			: <b>7fa47fdb-a758-4bb3-9</b> sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 /	09 / 2014
Ì	Name of Federal Candidate		Support	Office So	ught:	House District: 00
	Ms. Mary L Landrieu		X Oppose	Pre	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		90492.07	Disbursen 2014	nent For: [  Other (spe	Primary
_						
(	(a) SUBTOTAL of Itemized Independent Expenditures			· •	7	71.20
(	(b) SUBTOTAL of Unitemized Independent Expenditures					7 1 1
(	(c) TOTAL Independent Expenditures			. •		
١	Under penalty of perjury I certify that the independent expenwith, or at the request or suggestion of, any candidate or autocarty committee) any political party committee or its agent.					
		Electron	nically Filed] Date	M M M M M M M M M M M M M M M M M M M	/ D D D 11	2014
	Signature					

Sc	chedule E)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PAGE 76 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New rep	port Amends report	t filed on
T	Full Name of Payee Marysol Netro		Date of Public Distribution/Dissemination
-	Mailing Address 312 S Gunter St		08 09 2014 Amount
			Amount
	City State	Zip Code	120.00
	Siloam Springs AR	72761	Transaction ID: 137984f3-9065-4da8-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	X Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary
ľ	Full Name of Payee		Date of Public Distribution/Dissemination
	Marysol Netro		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Mailing Address 312 S Gunter St		08 09 2014
	5.2 C 3		Amount
ŀ	City State	Zip Code	6.00
	Siloam Springs AR	72761	Transaction ID: 6542e8e2-b0e1-49ef-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	08 / 09 / 2014
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	X Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		126.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures		·
(	(c) TOTAL Independent Expenditures		<b>•</b>
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electron	onically Filed] Date	08 11 2014
	Signature	_	

Sch	edule E)	<b>L</b> /( <b>L</b> /( <b>L</b> )	1101120				PAGE 77 OF 85 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC						C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Amend	ds repo	rt filed on	- M /	D = D / Y = Y = Y = Y
	Full Name of Payee Patrice Wolfe					of Public	Distribution/Dissemination
N	Mailing Address 9909 Treasure Hill Rd				Amou	08	09 2014
					7 1110 2		
-	Dity	State	Zip Code				20.00
	Little Rock	AR	72205				D: fa6d9b66-8f22-47c2-a rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08	09 / 2014
N	Name of Federal Candidate		Sup	port	Office Sough	t:	House District: 00
N	Mr. Mark L Pryor		Х Орр		Preside	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		55045.22		Disbursement 2014	t For: ther (sp	Primary ☐ General
	Full Name of Payee Patrice Wolfe						Distribution/Dissemination
						08	09 2014
IN	Mailing Address 9909 Treasure Hill Rd				Amou	nt	
	Dity	State	Zip Code		$- \Gamma $		2.40
	Little Rock	AR	72205				D: 3edc383b-0f4c-480d-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		08	09 / 2014
٦	Name of Federal Candidate		Sup	port	Office Sough	nt:	House District:00
	Mr. Mark L Pryor		X Opp	oose	Presid	ent $\sum$	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7 7	55045.22		Disbursemer 2014 C	nt For: Other (sp	Primary X General Decify) ▶
(a)	) SUBTOTAL of Itemized Independent Expenditures	e e					22.40
(4,	) SOUTOTAL OF HOMEZON HINOPOHOOM EXPONENTIAL	,			·	7	22.70
(b)	) SUBTOTAL of Unitemized Independent Expenditu	res			•	-7-	
(c)	) TOTAL Independent Expenditures				· [		
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate try committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	08 /	11	2014
	Signature		_				

Schedule E)	IVI EXI EIVE	TIONES	PAGE 78 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric J Smith			08 / 09 / 2014
Mailing Address 4967 Dysartville			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID: 28b29117-692b-408b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:  Primary  General
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			08 / 09 / 2014
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID : 46efc9d5-5bd0-4adb-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	224140.99	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		160.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 11 2014
Signaturo			

	include Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report filed		= M	/ D = D /	Y = Y = Y = Y
$\neg$	Full Name of Payee	Date of	of Pub	olic Distribution	/Dissemination
	Jennifer E Smith	М	08 <sup>M</sup>	/ 09 /	2014
	Mailing Address 4967 Dysartsville Rd	Amou	nt		
	City State Zip Code				9.00
	Morganton NC 28655			n <b>ID</b> : 17650d0° bursement or 0	1-2d76-48dd-8
	Purpose of Expenditure Mileage  Category/ Type  002		08	09	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	irsemen		Primary specify) ▶	General
	Full Name of Payee Najib Mahmud	Date	of Pub	olic Distribution	
	,	IV	08	/ 09 /	2014
	Mailing Address 3432 Riverrock Ct	Amou	nt		
	City State Zip Code		_		60.00
				ID: 8ffe0c4e-6 bursement or 0	
	Purpose of Expenditure Salary  Category/ Type  001	TV	08	09	2014
	Name of Federal Candidate Support Office	Sough	ıt:	House	District:00
		Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary	/ X General
(	(a) SUBTOTAL of Itemized Independent Expenditures				69.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			- 4	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 0		11	D / Y Y 201	Y Y   Y     4
	Signature				
_				*	*

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Schedule E)	IN EXILIN	JITONES	PAGE 80 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Najib Mahmud			08 / 09 / 2014
Mailing Address 3432 Riverrock Ct			Amount
City	State	Zip Code	5.40
Baton Rouge	LA	70820	Transaction ID: 988b3b1e-0d28-43c6-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		90492.07	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Phillip Williams			08 09 7 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	80.00
Greensboro	NC	27407	Transaction ID: 7253ec3f-365f-4c17-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendit	ures		85.40
(-,			7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 11 2014
3. <del>3</del>			

Sch	nedule E)	L/11 = 112.	10.120		-	PAGE 81 OF 85 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
W	omen Speak Out PAC					00530766
Ched	ck if 24-hour report X 48-hour report	New repo	ort Amends	report filed	on M M /	D   D   /   Y   Y   Y   Y
T	Full Name of Payee Phillip Williams					Distribution/Dissemination
-	Mailing Address 3007 Darden Rd				08	09 / 2014
					Amount	
(	City		Zip Code			18.00
	Greensboro	NC	27407			: 13c5846b-e718-4b49-b sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	08	09 / 2014
Ī	Name of Federal Candidate		Suppo	ort Office	e Sought:	House District: 00
	Ms. Kay Hagan		X Oppos		President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbu 2014	ursement For:  Other (spec	Primary
	Full Name of Payee				Date of Public	Distribution/Dissemination
	Serena A Jones				M M / / / / / / / / / / / / / / / / / /	09 / 2014
	Mailing Address 7151 Mullins Drive				00	09 2014
					Amount	
	City	State	Zip Code			80.00
	Saltville	VA	24370		Transaction ID : Date of Disburs	abbf5086-8588-4f68-b sement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	08	09 / 2014
	Name of Federal Candidate		Suppo	ort Office	e Sought:	House District:00
	Ms. Kay Hagan		X Oppos	se	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		224140.99	Disb 2014	ursement For: Other (spe	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures	J				98.00
(k	b) SUBTOTAL of Unitemized Independent Expenditure	res		······ <b>&gt;</b>	7	
(0	c) TOTAL Independent Expenditures			······ <b>•</b>		7
W	nder penalty of perjury I certify that the independen ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date 0	08 11	/ Y Y Y Y Y Y Y 2014
	Signature		_			

Schedule E)	IN EXILIE	TIONES	PAGE 82 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Serena A Jones			08 09 2014
Mailing Address 7151 Mullins Drive			Amount
City	State	Zip Code	27.00
Saltville	VA	24370	Transaction ID : c1030161-a7cc-488f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Beverly Williams			08 09 7 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	80.00
Greensboro	NC	27407	Transaction ID : d1161a61-af0a-4d5f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	224140.99	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		107.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 11 2014
- 3			

Schedule E)	IDENT EXTEND	TIONES	PAGE 83 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	ort New rep	port Amends repo	ort filed on
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination
Mailing Address 915 E Market Ave			08 09 2014 Amount
			, undure
City	State	Zip Code	50.00
Searcy	AR	72149	Transaction ID: 4111424c-a3f8-4d81-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		55045.22	Disbursement For:  Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Benjamin Hernandez			08 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 E Market Ave			Amount
City	State	Zip Code	8.10
Searcy	AR	72149	Transaction ID: e895a1aa-d07c-4d89-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		55045.22	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		. ▶ 58.10
(b) SUBTOTAL of Unitemized Independent E	xpenditures		. >
(c) TOTAL Independent Expenditures			•
	candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 11 2014
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Schedule E)		1101120		PAGE 84 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Timothy Foley			Date of Pu	blic Distribution/Dissemination
Mailing Address 20679 Glenbrook Terrace			08 Amount	09 2014
			Amount	
City	State	Zip Code		20.00
Sterling	VA	20165		on ID: b368ca99-04b1-4b60-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For 2014 Other	: Primary X General (specify) ▶
Full Name of Payee Lisa Miller			M = M	ıblic Distribution/Dissemination
Mailing Address 718 Azalea Dr.			08 Amount	08 2014
Unit 453			Amount	
City Hampstead	State NC	Zip Code 28443	Transaction	15.00 n ID : 4323be10-4433-4478-9
Purpose of Expenditure			Date of Di	sbursement or Obligation
Salary		Category/ Type 001	M 08	/ 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		224140.99	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expen	ditures			35.00
(4) 002.01	<b></b>			
(b) SUBTOTAL of Unitemized Independent Exp	enditures		. •	4 4
(c) TOTAL Independent Expenditures			<b>•</b>	7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan	[Electro1	nically Filed] Date	. 08 1	1 2014
Signature		_		

Schedule E)	PAGE 85 OF 85 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee Date	of Public Distribution/Dissemination
Lisa Miller	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 718 Azalea Dr.	vunt
Unit 453	· · · · · · · · · · · · · · · · · · ·
City State Zip Code	3.60
	saction ID: e449fa09-aad9-4236-b of Disbursement or Obligation
Purpose of Expenditure	M M M / D D / Y Y Y Y Y W Y W Y W Y W Y W Y W Y W Y
Name of Federal Candidate Support Office Soug	ht: House District: 00
Ms. Kay Hagan  Ms. Kay Hagan  President	NC NC
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For: ☐ Primary ☐ General  Other (specify) ►
Full Name of Payee Date	e of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address Amo	punt
City State Zip Code	
Date	e of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office Soug	ght: House District:
Oppose Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	5915.38
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  Signature	11 2014
o.g. island	